



## Return to the Assessor's office by June 1, 2016 to avoid a 10% Assessment Penalty.

**Return to:**           **City of Danbury**  
                          **Assessors Office**  
                          **155 Deer Hill Avenue**  
                          **Danbury, CT 06810**

### Marinas

#### Income and Expense Survey for Calendar Year 2015

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

Form Preparer/Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

#### Marina Characteristics

Which of the following best describes your marina operation?

- |                                          |                                              |                                                  |
|------------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Marina          | <input type="checkbox"/> Marina/Boatyard     | <input type="checkbox"/> Dockominium/cooperative |
| <input type="checkbox"/> Dry Land Marina | <input type="checkbox"/> Yacht Club          | <input type="checkbox"/> Mixed use               |
| <input type="checkbox"/> Boatyard        | <input type="checkbox"/> Park/Public Moorage | <input type="checkbox"/> Winter Storage          |
| <input type="checkbox"/> Other: _____    |                                              |                                                  |

**Please provide a schedule of season and off-season rates for all facilities.**

<u>In-Water Facilities (Please complete all that apply.)</u>					
<u>No. of Spaces</u>	<u>No. of Slips</u>	<u>Rate</u>	<u>*</u>	<u>Available Utilities</u>	<u>Boat Launching Facilities</u>
Open		\$ _____	*	<input type="checkbox"/> Electricity 110	<input type="checkbox"/> Crane
Covered		\$ _____	*	<input type="checkbox"/> Electricity 220	<input type="checkbox"/> Forklift
Enclosed		\$ _____	*	<input type="checkbox"/> Water	<input type="checkbox"/> Hydraulic Trailer
		\$ _____	*	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Travel Lift & Well
Total		\$ _____	*	<input type="checkbox"/> Other: _____	
			*		

**Please identify the number of slips by the length/width of slip and rental rate for each size category on a separate sheet of paper. Also please reflect rental basis (\$/l.f./month; \$/unit/season).**

<u>Dry Land Facilities (Please complete all that apply.)</u>			
<u>Dockside Services</u>	<u>Boat/Auto Storage</u>	<u>Size Range</u>	<u>Additional Facilities</u>
<input type="checkbox"/> Office	<input type="checkbox"/> Drystack: #	<input type="checkbox"/> Overnight Dockage	<input type="checkbox"/> Rental/Charter Service
<input type="checkbox"/> Fuel Facilities	<input type="checkbox"/> Other Indoor: #	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Laundry
<input type="checkbox"/> Engine Repair	<input type="checkbox"/> Outdoor: #	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Showers
<input type="checkbox"/> Fiberglass Repair	<input type="checkbox"/> Auto Spaces: #	<input type="checkbox"/> Apartments	<input type="checkbox"/> Restrooms

**Product and Service Income**

Slips/Mooring Available for Transients	\$ _____
Storage/Hauling	\$ _____
Launch Service	\$ _____
Repair Service	\$ _____
Fuel/Oil Sales	\$ _____
Retail Sales	\$ _____
Food Service	\$ _____
Apartment/Lodging Income	\$ _____
Utility Charges/Miscellaneous Income	\$ _____
<b>Total Revenue</b>	\$ _____

**Annual Operating Expenses:**

**Fixed Expenses**

Property Taxes	\$ _____
Personal Property Taxes	\$ _____
Rent: Building/Docks/Land	\$ _____
Rent: Equipment	\$ _____
Insurance	\$ _____
Total Fixed Expenses	\$ _____

**Variable Expenses**

Owner's Salary/Management Fees	\$ _____
Administrative/General	\$ _____
Repairs/Maintenance	\$ _____
Utilities (Heat, Power, Light)	\$ _____
Trash Removal	\$ _____
Sales/Marketing	\$ _____
Salaries, Payroll and Related Benefits	\$ _____

<b>Total Operating Expenses</b>	\$ _____
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<b>Net Operating Income</b>	\$ _____
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Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If YES, please explain:

**This form must be returned by June 1, 2016 to  
avoid a 10% Assessment Penalty.**

Comments and/or additional information may be attached.

\_\_\_\_\_  
Signature/Position

\_\_\_\_\_  
Date